	ADIZONI CELIEN		1701
	ARIZONA STATE	BOARD OF HEAL	TH State File No.
1. PLACE OF BIRTH		VITAL STATISTICS TIFICATE OF BIRTH	
County	C. C	$()_{h}$	Registered No.
District or Township		X	
CityMan	m No 413/	or Village /	
	O O (II birth occ	curred in a hospital or instituti	St. Ward on, give its NAME instead of street and number)
2. Full name of child	Belen Saens		If child is not yet named make
3. Sex of Child To be a	answered ONLY 4. Twin, triplet or other	er	supplemental report, as directed.
Female in event	of plural 5. No., in order of birth		7. Date of birth Olc. 26-1928.
8.	FATHER	11	Month Day Year
Full name Mam	sel Saema	Full maiden name	MOTHER VA
9. Residence (Usual place of abode)	Miami)	15 Residence	Cana Miramon
If non-resident, give plac		(Usual place of abode)	
10. Color or race	1	If non-resident, give	place and state. Uraoua
men.	110	16 Color or race	
<u> </u>	11. Age at last birthday	Mly.	17. Age at last birthday & 6 (Years)
12. Birthplace (city or place	Chihuahua	/ 18. Birthplace (city or pl	10)
(State or country)	mex	(State or country)	10 h
13. Occupation	7 7		- wigona.
Nature of industry		19. Occupation	
(<i>J/</i> r	ob. Pool Stall	Nature of industry	
Number of children of the	(a) Born alive an	d now living	21. Were precautions taken against oph-
(Taken as of time of birth of certified and including this cl	f = L:13 1	t now dead 3	thalmia neonaforum?
Thombs -	CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIE	PE* 45
	ued the birth of this child, who was	Maline or stillborn.)	t. 5
* When there was no atter or midwife, then the fathe etc., should make this retu	r, householder, Signature Out	il M. Eron	1m.D.
child is one that neither shows other evidence of li	' hendehad' i	Physician	
Given name added from a supplemental report	\mathcal{N}	Mari Or	(Physician or midwife).
	Month, day, year	la la	No.
	Registrar Filed Filed	11 / 0 19 /	20-6-03-7
229-12	•		Registrar
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